



CG-APT(R) ANNUAL PULL TAB RENEWAL APPLICATION

State Form XXXXX
INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

INSTRUCTIONS: *Not for first time applicants. This application must be filed by the 10th day of the month in which your license expires. Attach additional sheets if necessary to supply all information for each line. Please type or print.*

1. Name of Organization (Please Type or Print)				2. Email Address	
3. Previous Name of Organization (If name changed)				4. FID # (Federal Identification Number)	
5. Street Address of Principal Office (As it appears on the Charity Gaming Qualification Application, Form CG-QA; or current address if moved)					Office Business Hours
City	State	Zip Code	County	Daytime Telephone Number ()	
6. Street address of the facility where the event will be conducted.					Doing Business As (DBA)
City	State	Zip Code	County	Daytime Telephone Number ()	

Lease/Donation Information

7. Does your organization own_____, lease (rent)_____, or use a donated _____ facility where the licensed event will be conducted? (Check one)

• **If leased (rented) or donated**, enter name and address of the lessor or donor and attach a copy of your signed lease or donation agreement.

Name of Lessor/Donor (Full legal name)			Address		
City	State	Zip Code	County	Daytime Telephone Number ()	

8. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment device being leased or donated to you for this event? Yes ☐ No ☐
If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.
Note: Gaming equipment or devices must originate from a licensed manufacturer/distributor.

Name	Address	City	State	Zip Code
------	---------	------	-------	----------

Manufacturer and Distributor Information

9. List the manufacturer(s) and/or distributor(s) you will purchase licensed supplies from.

Name	Address	City	State	Zip Code	Items

Operator Information

Attach additional sheets if necessary.

10. List below at least three (3) operators who will supervise, manage and be responsible for the operation and conduct of the charity gaming events.

Full Legal Name	Home Address (Street, City, State, Zip Code)	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check Appropriate Box
						employee <input type="checkbox"/> member <input type="checkbox"/>
						employee <input type="checkbox"/> member <input type="checkbox"/>
						employee <input type="checkbox"/> member <input type="checkbox"/>

11. Are any of the operators listed on Line 10 (and any attachments) also operators for any other organization's charitable gaming events?
Yes ☐ No ☐ If you answered Yes, list each individual's name, name of organization, and the month(s) that they will operate other gaming events.

12. Please list the name from Line 10 of the principal operator in your organization who has overall responsibility for the operation and control of this charity gaming event. Please type or print **X** _____

Name

Daytime Telephone Number

Worker Information

13. List **all** individuals (excluding operator information on Line 10) who will assist and work in the operation of the licensed event. You must also list any individual who will assist in selling pull tabs, punchboards and tip boards.

Full Legal Name	Home Address (Street, City, State, Zip Code)	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check Appropriate Box
						employee member <input type="checkbox"/>
						employee member <input type="checkbox"/>
						employee member <input type="checkbox"/>

14. Have any operators or workers listed on lines 10 and 13, or on any attachments, been convicted of a felony within the last 10 years in any jurisdiction? Yes ☐ No ☐

If you answered Yes, list each name, type and date of conviction, and jurisdiction/court. (Attach additional sheets if necessary)

Gross Retail Sales Information

15a. Will you be conducting any type of retail sales during the licensed event (i.e. accessories, concessions, etc.)? (Check one) Yes* ☐ No ☐

*If "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.

Name of organization offering the sales	Retail Merchant Certificate Number
---	------------------------------------

15b. Which of the following will your organization be receiving? (Check one)

_____ All of the retail sales income _____ A flat fee from retail sales payment

_____ A percentage of the retail sales income _____ Other (explain) _____

License Fee Information

16. The license renewal fee is the amount shown in item #4 on page 4 of your CG-21 form, Annual License Gross Receipts Report. Make your check drawn from your separate and segregated checking account payable to: **Indiana Gaming Commission.**

17. List the organization's separate and segregated charity gaming checking account information.

Name of Bank	Address	City	State	Zip Code
Name of separate and segregated charity gaming checking account		Account Number		

IMPORTANT: You must attach Form CG-21, Annual License Gross Receipts Report, License Renewal Fee and Schedule CG-DIST (distribution schedule) to this application.

Certification

18. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Presiding Officer Print Name Title Daytime Telephone Number Date

Signature of Secretary Print Name Daytime Telephone Number Date

Send this application, an updated listing of your current officers, and payment due to:

Indiana Gaming Commission
Charity Gaming Division
115 W. Washington St., South Tower, Suite 950
Indianapolis, IN 46204-3408
Phone: (317) 232-4646